

UNITED STATES DISTRICT COURT DISTRICT OF MINNESOTA  (Rev. 03/2018)			<b>TRANSCRIPT ORDER</b> <i>CJA counsel please complete an AUTH24 in CJA eVoucher</i> <i>Please read instructions on next page.</i>					COURT USE ONLY <b>NOTES:</b>					
1a. CONTACT PERSON FOR THIS ORDER Kristin Drieman			2a. CONTACT PHONE NUMBER 612.336.4703			3. CONTACT EMAIL ADDRESS kdrieman@merchantgould.com							
1b. ATTORNEY NAME (if different) Heather Kliebenstein			2b. ATTORNEY PHONE NUMBER 612.371.5213			3. ATTORNEY EMAIL ADDRESS hkliebenstein@merchantgould.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Merchant & Gould P.C. 3200 IDS Center 80 S. 8 <sup>th</sup> Street Minneapolis, MN 55402			5. CASE NAME (Include defendant number, for criminal cases only) Fair Isaac Corp. v. Federal and ACE			6. CASE NUMBER 16-cv-1054 (WMW/DTS)							
7. COURT REPORTER NAME, if applicable			8. THIS TRANSCRIPT ORDER IS FOR (CHECK ALL THAT APPLY): CJA: <u>Do not use this form; use AUTH24</u> in CJA.										
			<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for TRANSCRIPTS must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> Standing Order ( <b>MDL</b> only)										
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:													
a. HEARING(S) (OR PORTIONS OF HEARINGS)			b. SELECT FORMAT(S) <i>NOTE: ECF access is included.</i>				c. DELIVERY TYPE <i>Delivery times are not guaranteed.</i>						
DATE	JUDGE (initials)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	EXPEDITED (3-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME (rough draft)
6/4/19	DTS		X	X						X			
10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:													
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).										12. DATE June 5, 2019			
11. SIGNATURE      /s/Heather J. Kliebenstein													